

## RETURN TO WORK: INFECTION PREVENTION AND CONTROL FOR OPTOMETRIC PRACTICE (MAY 2020)

The following document presents guidance for optometrists returning to work during the ongoing COVID-19 pandemic. This information was developed through consultation with [Infection Prevention and Control for Clinical Office Practice](#),<sup>1</sup> public health information specific to COVID-19,<sup>2</sup> and profession-specific guidelines, and will be modified in the event of additional directives by the Ministry of Health (MOH) and as the COVID-19 pandemic evolves. **The contents of this guidance will be reviewed and updated as Ontario progresses through [each phase](#) of its recovery.**

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## Summary of Requirements

- Do not schedule appointments for any person who has symptoms of COVID-19,<sup>3</sup> who is living with someone that has symptoms, who has been in contact with a confirmed case of COVID-19, or who has travelled outside of Ontario within 14 days.
- Hands must be cleaned before and after every patient interaction.
- Hand sanitizing stations must be available at clinic entrances and must be used by anyone entering the clinic.
- Optometrists and staff must wear personal protective equipment (PPE) covering their mouth, nose, and eyes when interacting with patients.
- Anyone entering the office, including patients, must wear a mask.
- Health Canada guidelines must be followed if reprocessing PPE.<sup>4</sup>
- Optometrists must consider how physical distancing can be maintained in the office (> 2 m).
- Slit lamp shields must be installed.
- Optometrists must update and document their standard operating procedures (SOPs) related to infection control.
- Every device or appliance (including eyeglass frames) that patients contact must be disinfected before use with the next patient.
- Optometrists and their staff must not present to work when ill with symptoms of infection.
- No initial (new) contact lens fittings are to be performed at this time (i.e., insertion and removal training).
- Automated visual field assessment must only occur when necessary, and with patients wearing a properly secured mask covering their mouth and nose.

## Summary of Recommendations

- Telehealth<sup>5</sup> is recommended if in-person care is not required.<sup>6</sup>
- It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.
- When scheduling patients, it is strongly recommended that optometrists prioritize based on clinical need.
- It is strongly recommended that optometrists provide dispensing services (spectacles & contact lenses) by appointment only, and direct delivery should be used when optometrists consider it is appropriate.

## Risk Assessment and Screening

A risk assessment and screening<sup>7</sup> must be performed before every interaction with a patient, including at the time of scheduling an appointment, upon arrival at the office, and in the examination room. When scheduling appointments, optometrists must screen patients for symptoms of COVID-19, recent travel history, and reason for visit. Optometrists must not schedule an appointment for any person with a positive screening result for COVID-19, who has common symptoms of COVID-19 or other febrile illness, who is living with someone that has symptoms, or who has travelled outside of Canada within the past 14 days. Patients with a positive screening result for COVID-19 should be referred to Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)). If a patient has possible symptoms of COVID-19, or a recent travel history, and urgent eye care may be required, optometrists should consult an ophthalmologist or access the ophthalmologist on-call, depending on the arrangements in their local communities. If no other options are available, patients with symptoms of COVID-19 who require urgent eye care can be referred to the emergency room.

Optometrists are recommended to implement a system for virtual and/or telephone consultations to replace in-person visits when and where possible. When screening the reason for a visit, optometrists should consider whether in-person care is required or whether care could be provided using [telehealth](#) to support ongoing physical distancing in the community.

Conjunctivitis (pink eye) is a less common symptom of COVID-19,<sup>3</sup> however, conjunctivitis represents a positive screening result<sup>7</sup> that should be referred to Telehealth Ontario. Optometrists screening patients with complaints of pink eye (conjunctivitis), should manage these patients using telehealth, if possible.

Optometrists should consider scheduling appointments only by telephone, email, and/or website application. 'Walk-in' appointment scheduling should be discouraged by signage outside of the office.

Optometrists should consider whether a temperature assessment, using an infrared thermometer, is appropriate as part of their risk assessment protocol for when patients arrive at the office.

## Hand Hygiene

[Hand hygiene](#)<sup>8</sup> is considered the most important and effective infection prevention and control (IPAC) measure to prevent the spread of COVID-19. Optometrists and their staff must clean their hands before and after every patient interaction. In addition, optometrists must clean their hands before and after any contact with a patient's eye/tears, and upon the insertion and removal of gloves. Cleaning hands with soap and water for at least 20 seconds is recommended. In order for hands to be cleaned at the right time, it is necessary to be able to clean hands at the point-of-care. Where optometrists do not have a sink in their exam room, alcohol-based hand rub (ABHR) may also be used (a minimum of 70 per cent alcohol).

Optometrists must have a hand sanitizing station available at their office's entrance/reception, and elsewhere in their office, for use by patients. Optometrists must require that all persons sanitize their hands upon first entering the office. Optometrists should not use homemade hand sanitizers.<sup>9</sup>

## Personal Protective Equipment (PPE)

PPE is worn to prevent the transmission of microorganisms from patient to staff and from staff to patient. Optometrists and staff must wear PPE covering their mouth, nose, and eyes when interacting with patients (i.e., whenever they are within 2 m of one another).

Eye protection includes safety glasses, safety goggles, face shields and visors attached to masks. Eye protection should provide both front and side coverage. Prescription glasses, without a side shield, are not acceptable as eye protection.

Optometrists should not compete with front-line workers for PPE that may be in short supply, such as N-95 respirators. Surgical masks are considered an appropriate alternative to N-95 respirators as long as optometrists are not performing aerosol-generating procedures. If N-95 respirators are not available, the risk of droplet dispersal is further reduced by the patient also wearing a mask. Optometrists should use their judgment regarding masks that may be appropriate (e.g., surgical masks, N-95 respirators, or other comparable alternatives).

Optometrists should wear gloves and/or use disposable cotton tip applicators whenever they are touching patients' eyes or eyelids. Optometrists should consider the types of gloves that suit their care activities. Latex gloves are generally not recommended because of the risk of allergic reaction. Wearing gloves is not a substitute for hand hygiene.<sup>1</sup>

Optometrists and their staff are expected to wash any worn gowns or clothing at the end of each day.

Optometrists must not allow any person (> 2 years of age) into their office who is not wearing a mask (disposable/reusable). When scheduling appointments, patients should be advised to arrive to the office wearing a mask. Ideally, optometry offices should have inventory to sustain recommended PPE use for

its workforce and patients for two weeks without the need for emergency conservation effort. Optometrists must follow Health Canada guidelines if reprocessing PPE.<sup>5</sup>

Optometrists are responsible for educating themselves and staff on how to safely fit, put on, take off, replace and reprocess (if appropriate) PPE.

## Precautions to Maintain Physical Distancing

**Physical distancing (> 2 m)** – Optometrists must consider how physical distancing can be maintained in their office including, but not limited to, the frequency and interval of appointments scheduled; emphasizing punctual arrival for appointments; only admitting patients to the office by appointment and at the time of their appointment; dispensing spectacles and contact lenses by appointment only; repositioning chairs in the reception/waiting area; using ground markings; limiting the number of people allowed in the office and exam room(s) at any time; recommending to patients that they attend their appointment alone or with as few other people as possible (e.g., one parent/support-person/substitute decision maker).

**Contact-less procedures** – Optometrists are encouraged to adopt contact-less procedures where possible, including but not limited to, contact-less payment systems, when collecting patient information, and the electronic delivery of prescriptions and receipts (e.g., by email).

**Protective barriers** – Optometrists must install slit lamp shields. Other protective barriers, e.g., plexiglass barriers in the frequented areas of reception and pre-test, should be considered depending on the office layout, where possible.

## Control of the Environment

Optometrists must document and update their SOPs regarding infection control of the office environment (an example is provided in Appendix 1). Every person working at an optometric clinic (optometrists, staff, and student interns) must review SOPs related to infection control.

Optometric office settings will usually feature two components:

**Public component** is the public areas of the clinical office that are not involved in patient care. This includes waiting rooms, offices, corridors and service areas. Areas designated in the public component are cleaned with a detergent.

**Clinical component** is the area involved in patient care. This comprises the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital grade disinfectant. ‘High-touch’ surfaces may require more frequent cleaning.

Every device or appliance (including eyeglass frames) that patients come into contact with must be disinfected before use with the next patient. Follow the manufacturer’s instructions regarding

appropriate contact time and the use of disinfectants, in order to provide appropriate disinfection and avoid damaging equipment or appliances.

Low-level disinfection is generally appropriate for diagnostic equipment, chairs, frames, occluders, pens, etc. Low-level disinfectants include, but are not limited to:

- Alcohols (70-95% ethyl or isopropyl alcohol)
- Chlorine (1:50 dilution of household bleach)
- QUAT (quaternary ammonium cation); multiple commercial types, e.g., Fantastik
- phenolics (i.e., Lysol, Pine Sol)
- CaviCide

High-level disinfection is appropriate for contact lens cases, contact lenses, and generally any equipment that touches patients' eyes (e.g., spuds, alger brushes, lacrimal dilators, lid tools, tonometer probes, gonioscopy lenses, etc.). After disinfection, saline-rinse followed by air dry is generally appropriate.

High-level disinfectants include, but are not limited to:

- 2% glutaraldehyde
- 6% hydrogen peroxide
- 7% hydrogen peroxide enhanced action formulation
- 0.2% peracetic acid
- 0.55% ortho-phthalaldehyde (OPA)

When in doubt, high-level disinfection is recommended.

Equipment disinfection and hand washing should be performed in front of patients, where possible.

It is strongly recommended that optometrists post their infection control SOPs on their website and in their office reception area where they will be available to patients.

## Administrative Controls

Optometrists and their staff must not present to work when ill with symptoms of infection. Any person with symptoms of COVID-19 should stay home, contact their primary care provider or Telehealth Ontario, and should not return to work until they are asymptomatic and have been cleared by their primary care provider or Telehealth Ontario of any concern of COVID-19.

Any confirmed case of COVID-19 in an optometrist, staff member or visitor to the office should be reported to the local Public Health Unit. Optometrists should follow the subsequent directions of their local Public Health Unit. In order to facilitate contact tracing, optometrists must maintain a log of every person who visits their office, including date and time.

Optometrists and staff should plan their work schedules so to minimize the number of people in contact with patients/visitors, and one another. Optometrists should also consider whether it is appropriate to continue to practice at multiple locations at this time.

Optometrists and staff should self-declare their health status at the beginning of each day.

Optometrists and their staff should adhere to the recommended immunization schedule.<sup>1</sup>

It is recommended that staff work at individual workstations, if possible. Efforts should be made to have patients interact with as few staff as possible.

## Clinical Guidance

When scheduling patients, it is strongly recommended that optometrists prioritize based on clinical need.

Optometrists must not perform initial (new) contact lens fittings at this time (i.e., insertion and removal trainings), as they generally involve close proximity, frequent touching of the eyes/lids, splash, and an uncertain amount of time. Continuing contact lens care (including refits) and replacement contact lens services (OPR 6.5)<sup>10</sup> remain appropriate.

It is strongly recommended that optometrists provide spectacle and contact lens dispensing services (OPR 6.4, 6.5)<sup>10</sup> by appointment only, and direct delivery should be used when considered appropriate.

Automated visual field assessment (OPR 6.8)<sup>10</sup> must only occur when necessary, and with patients wearing a properly secured mask covering their mouth and nose.

Optometrists should use their professional judgment regarding when the measurement of intraocular pressure (IOP) may be necessary. When performing tonometry, optometrists should consider which equipment to use, which PPE should be worn, the risk of aerosol generation, barriers that may be appropriate, and how to disinfect the equipment and immediate surrounding environment. There is no current evidenced-based consensus regarding the COVID-19 risk associated with non-contact tonometry (NCT). However, risk is certainly reduced through patient screening, wearing PPE, and disinfection of the equipment and surrounding environment. Optometrists should consider using other equipment to measure IOP, if possible.

Optometrists should refer to industry standards regarding how to clean specific devices<sup>11</sup> and appliances (including frames of different materials).

Optometrists should consider the use of minim diagnostic pharmaceutical agents (eye drops) at this time.

## References

- <sup>1</sup>Infection Prevention and Control for Clinical Office Practice. Provincial Infectious Diseases Advisory Committee. 2015. <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-clinical-office-practice.pdf?la=en>.
- <sup>2</sup>Coronavirus Disease 2019 (COVID-19). Public Health Ontario. <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>.
- <sup>3</sup>COVID-19: Stop the spread. <https://www.ontario.ca/page/covid-19-stop-spread>
- <sup>4</sup>Conservation and Decontamination N95 Facemasks and PPE. Infection Prevention and Control Canada. <https://ipac-canada.org/reprocessing-of-ppe.php>
- <sup>5</sup>Telehealth Policy for Optometrists. College of Optometrists of Ontario. [https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Telehealth\\_Policy\\_for\\_Optometrists.pdf](https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/Telehealth_Policy_for_Optometrists.pdf)
- <sup>6</sup>Guidance for Primary Care Providers in a Community Setting. Ministry of Health. Ontario. [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)
- <sup>7</sup>COVID-19 Patient Screening Guidance Document. Ministry of Health. Ontario. <https://www.collegeoptom.on.ca/wp-content/uploads/2016/06/COVID-19-Patient-Screen-Guidance-v3.0-Share.pdf>
- <sup>8</sup>Hand Hygiene. Public Health Ontario. <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene>.
- <sup>9</sup>Homemade hand sanitizers may present health risks. Recalls and safety alerts. Canada. <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72687a-eng.php>
- <sup>10</sup>Optometric Practice Reference (OPR). College of Optometrists of Ontario. <https://www.collegeoptom.on.ca/members/professional-practice/optometric-practice-reference-opr/>
- <sup>11</sup>How to clean and disinfect your instruments to lower the risk of COVID-19 transmission. Cleaning, Disinfection and Safety Protocols. Innova. <https://innovamed.com/covid-19-cleaning-and-disinfection-protocol>



## Appendix A: Sample Standard Operating Procedure

*(If using this sample, it should be filled in/personalized)*

### **Frequency legend:**

1. Before direct patient contact
2. After direct patient contact
3. Before and after direct patient contact
4. End of every day
5. Weekly
6. Monthly

### **Who legend:**

- A. Optometrist
- B. Staff

### **Disinfection Agent:**

Areas for Disinfection	Area	Sub-Area	Device	Level of Disinfection	Freq.	Who	Disinfection Agent	
				Spuds, Alger Brush, Lacrimal Dilators, Cannulas	High	1	R	
				Tonometer/Pachimeter probes	Follow Manufacturer Recommendations	1	R	
				Gonioscopy Lenses	Follow Manufacturer Recommendations	1	R	
				Contact Lenses	Follow Manufacturer Recommendations	1	R	
Professional	Exam Room		Forehead/chin rests (phoropter, perimeter, OCT, camera, auto-tonometer/refractor)	Low	1	R		
			Occluders, eye patches	Low	1	R		
			Diagnostic Equipment (i.e. perimeter, OCT)	Low	1	R		
			Sinks	Low	1	R		
			Exam Chair & Unit	Low	1	R		
			R/G Glasses	Low	1	R		
			Trial Frame	Low	1	R		
			Hand Held Instruments	Low	1	R		
			Lab/Dispensing Area		Contact Lens Cases	High	1	R
	Frame warmer	Low			1	R		
	Frames on Display	Low			1	R		
	Frame Displays	Low			1	R		
	Lab hand tools	Low			1	R		
	Administrative		Desk Counters	Low	1	R		
Computer Keyboards, Mouse & Telephone			Low	1	R			
VISA Device			Low	1	R			
Staplers, Tape Dispensers			Low	1	R			
Pens, Pencils			Low	1	R			
Fax Machines			Low	1	R			
General Office				Waiting Area	Low	1	R	
	Toys	Low		1	R			
	Door Handles	Low		1	R			
	Washrooms	Low		1	R			
	Light Switches	Low		1	R			